



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

SARA VASQUEZ

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SHAN LEE

SECRETARY

JAMES BARGER

COMMISSIONER

GENEVIEVE MORRILL

COMMISSIONER

June 25, 2015

James E. Morrison
Mojo Sailing Enterprises, LLC
1544 Camden Ave., #301
Los Angeles, CA 90025

HEARING ON APPLICATION FOR WATER TAXI OPERATOR **BUSINESS LICENSE ID #141732**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, July 8, 2015 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

SARA VASQUEZ
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER : XX XXXX
PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXXX
2ND PUBLISHING DATE:.....XXXXXXX
3RD PUBLISHING DATE:.....XXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

WATER TAXI OPERATOR

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:..... 4333 ADMIRALTY WAY STE #10
MARINA DEL REY, CA 90292
NAME OF APPLICANT:..... MOJO SAILING ENTERPRISES, LLC/
JAMES E MORRISON
DATE OF HEARING:..... 07/08/2015
TIME OF HEARING:..... 09:00 A.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS: **4333 ADMIRALTY WAY #10, MARINA DEL REY, CA 90292**

TELEPHONE: **(858) 449-6802**

OWNER OF BUSINESS: **JAMES E MORRISON**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MOJO SAILING ENTERPRISES, LLC.**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	10/06/14	tchen
<input type="checkbox"/> 3. Building & Safety			
<input type="checkbox"/> 4. Fire Department			
<input type="checkbox"/> 5. Public Health			
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	10/06/14	tchen
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input type="checkbox"/> 9. Regional Planning Commission			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/10/14	tchen

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 141732

BUSINESS INFORMATION

Type of Business: <u>WATER TAXI-OPERATOR</u> WATER TAXI-BOAT	Address of Business: <u>4333 Admiralty Way Ste 10</u> SAME AS BELOW <u>Marina Del Rey, CA 9029</u>	
DBA (Business Name): <u>MOJO SAILING ENTERPRISES, LLC</u>	Business Telephone: <u>858/449-6802</u> Mailing Address: _____	
Sellers Permit # (State Board of Equalization): <u>N/A - NO RESALE</u>		
Business Ownership Structure: Single Owner _____ Partnership _____ LLC <input checked="" type="checkbox"/> Corporation _____ If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>6/24/2014</u> Incorporated in the State of: <u>CALIFORNIA</u>		
Exact Corporate Name: _____		
Names of Officers	Addresses	Titles
<u>JAMES E. MORRISON</u>		<u>PARTNER</u>
<u>KAREN E. BEISCH</u>		<u>PARTNER</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>JAMES E. MORRISON</u>		
Home Address: _____		
Home Telephone: _____	Cell Phone: _____	Email address: _____
Social Security #: _____	Date of Birth: _____	Place of Birth: _____
Driver's License or State ID#: _____		Expiration Date: <u>1/1/</u>
Male <input checked="" type="checkbox"/> Female _____	Height _____"	Weight _____
Hair Color _____		Eye Color _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: _____ Applicant's Signature: James E. Morrison

Application taken by: Tony Date: _____

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WAY #10, MARINA DEL REY, CA 90292

TELEPHONE: (858) 449-6802

OWNER OF BUSINESS: JAMES E MORRISON

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MOJO SAILING ENTERPRISES, LLC.

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

RISK MANAGEMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: Kerry Feio

DATE: 10/6/2014

BASIC LICENSE NO. 1573

DATE 10/06/14

IDENTIFICATION NUMBER 141732



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WAY #10, MARINA DEL REY, CA 90292

TELEPHONE: (858) 449-6802

OWNER OF BUSINESS: JAMES E MORRISON

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MOJO SAILING ENTERPRISES, LLC.

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE

Michael K. Greaves

DATE:

10 06 14

BASIC LICENSE NO. 1573

DATE 10/06/14

IDENTIFICATION NUMBER 141732

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

14-01289

KIND OF BUSINESS: **WATER TAXI OPERATOR**

ADDRESS OF BUSINESS: 4333 ADMIRALTY WAY #10, MARINA DEL REY, CA 90292

TELEPHONE: (858) 449-6802

OWNER OF BUSINESS: **JAMES E MORRISON**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MOJO SAILING ENTERPRISES, LLC.**

SAILING

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

SHERIFF FINGERPRINT

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

Wp 534477

DATE:

10/10/14

BASIC LICENSE NO. 1573

DATE 10/06/14

10/6

IDENTIFICATION NUMBER 141732

Samuel Tony 10/10